| DATEME ARRIVATION FOR RETERINGATION STORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                              |                  |                                   |              |                  |        |                   | Application or Docket Number |                        |           |                     |                        |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|------------------|-----------------------------------|--------------|------------------|--------|-------------------|------------------------------|------------------------|-----------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                              |                  |                                   |              |                  |        |                   |                              |                        | 10713 437 |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                              |                  |                                   |              |                  |        | SMALL ENTITY TYPE |                              |                        | OR        | OTHER               |                        |  |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                              |                  |                                   |              |                  |        | RATE              |                              | FEE                    | 7         | RATE                | FEE                    |  |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                              | NUMBER FILED     |                                   | NUMBER EXTRA |                  |        | BASIC F           | ĒΕ                           | 385.00                 | OR        | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                              | minus 20=        |                                   | *            |                  |        | X\$ 9=            | =                            |                        | OR        | X\$1.8=             |                        |  |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                              | minus 3 =        |                                   | *            |                  |        | X43=              |                              |                        | OR        | X86=                |                        |  |  |
| ΜL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ILTIPLE DEPE                                   | NDENT CLAIM P                                | RESENT           |                                   |              |                  |        | +145=             |                              |                        | OR        | +290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                              |                  |                                   |              |                  | , !    | TOTA              | 4                            |                        | OR        | TOTAL               |                        |  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                              |                  |                                   |              |                  |        | OTHER THAN        |                              |                        |           |                     |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3-3-06                                         | (Column 1)                                   |                  | (Colun                            |              | (Column 3)       |        | SMAL              | LE                           | NTITY                  | OR        | SMALL               | ENTITY                 |  |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA |        | RATE              | -                            | ADDI-<br>TIONAL<br>FEE | 1         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                          | .21                                          | Minus            | ** 2                              | 7            | = 8              |        | X\$ 9=            |                              | at                     | OR        | X\$18=              |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                            | Minus            | ***                               | <u>(</u>     | = 0              |        | X43=              |                              |                        | OR        | X86=                |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                              |                  |                                   |              |                  |        | +145=             |                              |                        | OR        | +290=               |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                              |                  |                                   |              |                  |        | TOTA              |                              |                        |           | TOTAL               |                        |  |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                              |                  |                                   |              |                  |        |                   | ADDIT. FEE                   |                        |           |                     |                        |  |  |
| NDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>BUSLY | PRESENT<br>EXTRA |        | RATE              |                              | ADDI-<br>IONAL<br>FEE  |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                            | Minus            | strát.                            |              | =                |        | X\$ 9=            |                              |                        | OR        | X\$18=              |                        |  |  |
| AMEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent                                    | *                                            | Minus            | drift.                            |              | =                |        | X43=              |                              |                        | OR        | X86=                |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                              |                  |                                   |              |                  |        | +,145=            |                              |                        | OR        | +290=               |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                              |                  |                                   |              |                  |        | TOTA<br>DDIT. FE  |                              | •                      | OR ,      | TOTAL<br>ADDIT. FEE |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Column 1) (Column 2) (Column 3)               |                                              |                  |                                   |              |                  |        |                   |                              | •                      |           |                     | •                      |  |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | IER<br>USLY  | PRESENT<br>EXTRA |        | RATE              |                              | ADDI-<br>IONAL<br>FEE  |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                            | Minus            | **                                |              | =                |        | X\$ 9=            |                              |                        | OR        | X\$18=              | •                      |  |  |
| <b>AME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | •                                            | Minus            | ***                               |              | =                |        | X43=              | 1                            |                        | OR        | X86=                | •                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRȘT PRESE                                    | RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |                                   |              |                  |        |                   | 十                            |                        | Ī         | 000                 |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                              |                  |                                   |              |                  |        |                   |                              |                        | OR [      | +290=<br>TOTAL      |                        |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEEO |                                                |                                              |                  |                                   |              |                  |        |                   |                              |                        |           |                     |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The *Highest Num                               | ber Previously Pak                           | f For* (Total or | Independer                        | nt) is the   | highest number   | r foun | nd in the a       | ppro                         | priate box             | in colu   | ımn 1.<br>·         |                        |  |  |